

RADIATION USE REQUEST/AUTHORIZATION (RADIOACTIVE MATERIALS)

(Instructions for completion on reverse)

Name/Telephone Number	Organization/Mail Code or Address	Date	Authorization Number
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To: KSC Radiation Protection Officer

I. A. DESCRIPTION OF RADIOACTIVE MATERIALS

QUANTITY	RADIONUCLIDE	ACTIVITY	PHYSICAL/CHEMICAL FORM	DESCRIPTION OF SOURCE (S)

B. RADIOACTIVE WASTE GENERATED

☐ No ☐ Yes Concentrations/Amounts:

C. LICENSING (attach copy)

☐ NRC _____ Number _____
☐ State of _____ Number _____
☐ Exempt (specify) _____

II. AREA DESCRIPTION

Use Area:
Bldg. No. _____ Room No. _____
Other: _____

Storage Area:
Bldg. No. _____ Room No. _____

III. PROCEDURES (submit copies as attachments)

Operating Procedure(s) No. _____
Accident/Emergency Procedure(s) No. _____
Brief Description of Intended Use:

IV. IDENTIFIED USERS

Area Radiation Officer _____
Use Supvr/Custodian _____
Users _____

(Submit completed KSC Form 16-294NS for each individual)

V. RADIATION PROTECTION REQUIREMENTS

☐ Accountability
☐ Compliance with KHB 1860.1
☐ Compliance with 45th SWI 40-201
☐ Other

VI. PERIOD OF USE

From: _____ To: _____

VII. AUTHORIZING SIGNATURES

Health Physics	Date :
KSC Radiation Protection Officer	Date :
45 SW Radiation Protection Officer (if applicable)	Date :
Chmn. KSC Radiation Protection Committee	Date :

Instructions for Completion

Refer to descriptions and examples as delineated by KHB 1860.1, Section 5 and Appendix B, to complete this form.

Section IA - Description of Radioactive Materials
- Quantity: number of sources
- Activity: suitable units (μ Ci, mCi, Ci)

IB - Radioactive Waste Generated - self-explanatory

IC - Licensing - if sources are exempt, specify type of exemption

Section II - Area Description - attach sketch/drawing of areas denoting use and storage locations

Section III - Procedures - self-explanatory

Section IV - Identified Users - include **all** users, the designated ARO and use supervisor/custodian

Section VI - Period of Use - maximum period of use is one year with annual renewal required for continued use.

Note: This form will be returned to you after review.